

The interview will only take a short time, and all the information obtained in this study will be confidential.

Section 1: Health Status

1. Would you say that in general your health is: (33)

Please Read

- a. Excellent 1
- b. Very good 2
- c. Good 3
- d. Fair 4
- e. **or**
- e. Poor 5

Do not read these responses Don't know/Not Sure 7
Refused 9

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (34-35)

- a. Number of days — —
- b. None 8 8
- Don't know/Not sure 7 7
- Refused 9 9

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (36-37)

- a. Number of days — —
- b. None **If Q. 2 also "None," go to Q. 5 (p. 5)** 8 8
- Don't know/Not sure 7 7
- Refused 9 9

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (38-39)

- a. Number of days — —
- b. None 8 8
- Don't know/Not sure 7 7
- Refused 9 9

Section 2: Health Care Access

5.	Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?	(40)
	a. Yes	1
	b. No Go to Q. 7b (p. 7)	2
	Don't know/Not sure Go to Q. 12 (p. 9)	7
	Refused Go to Q. 12 (p. 9)	9
6.	Do you have Medicare?	(41)
Medicare is a coverage plan for people 65 or over and for certain disabled people	a.Yes Go to Q. 8 (p. 7)	1
	b.No	2
	Don't know/not sure	7
	Refused	9

7a. What type of health care coverage do you use to pay for most of your medical care?
(42-43)

Is it coverage through: **Please Read**

a.	Your employer	Go to Q. 8 (p. 7)	0 1
b.	Someone else's employer	Go to Q. 8 (p. 7)	0 2
c.	A plan that you or someone else buys on your own	Go to Q. 8 (p. 7)	0 3
d.	Medicare	Go to Q. 8 (p. 7)	0 4
e.	Medicaid or Medical Assistance [or substitute state program name]	Go to Q. 8 (p. 7)	0 5
f.	The military, CHAMPUS, or the VA [or CHAMP-VA]	Go to Q. 8 (p. 7)	0 6
g.	The Indian Health Service [or the Alaska Native Health Service]	Go to Q. 8 (p. 7) or	0 7
h.	Some other source	Go to Q. 8 (p. 7)	0 8
Do not read these responses	None	Go to Q. 11 (p. 9)	8 8
	Don't know/Not sure	Go to Q. 8 (p. 7)	7 7
	Refused	Go to Q. 8 (p. 7)	9 9

7b. There are some types of coverage you may not have considered. Please tell me if you have any of the following: (44-45)

Coverage through: **Please Read**

If more than one, ask "Which type do you use to pay for most of your medical care?"	a.	Your employer	0 1
	b.	Someone else's employer	0 2
	c.	A plan that you or someone else buys on your own	0 3
	d.	Medicare	0 4
	e.	Medicaid or Medical Assistance [or substitute state program name]	0 5
	f.	The military, CHAMPUS, or the VA [or CHAMP-VA]	0 6
	g.	The Indian Health Service [or the Alaska Native Health Service] or	0 7
	h.	Some other source	0 8
	Do not read these responses	None	Go to Q. 11 (p. 9)
Don't know/Not sure		Go to Q. 12 (p. 9)	7 7
Refused		Go to Q. 12 (p. 9)	9 9

8. About how long have you had [fill in type (Medicare/Medicaid/this particular health care coverage) from Q. 6, Q. 7a, or Q. 7b]? (46)

Read only if necessary

If necessary, say "The coverage you use currently to pay for most of your medical care"	a.	For less than 12 months (1 to 12 months)	1
	b.	For less than 2 years (1 to 2 years)	2
	c.	For less than 3 years (2 to 3 years)	3
	d.	For less than 5 years (3 to 5 years)	4
	e.	For 5 or more years	5
		Don't know/Not sure	7
	Refused	9	

9. Is there a book or list of doctors associated with your [fill in type (Medicare/Medicaid/health coverage) from Q. 6, Q. 7a, or Q. 7b] plan? (47)

If necessary,
say "The
coverage you
use currently
to pay for
most of your
medical care"

a. Yes 1

If "no" or b. No 2

"Dk/Ns," probe Don't know/Not sure 7

"Is there a certain number Refused 9

you are supposed to call to find a doctor to go to?"

10. Does your [fill in type (Medicare/Medicaid/health coverage) from Q. 6, Q. 7a, or Q. 7b] plan require you to select a certain doctor or clinic for all of your routine care? (48)

If necessary,
say "The
coverage you
use currently
to pay for
most of your
medical care"

a. Yes Go to Q. 12 (p. 9) 1

Do not include emergency care b. No Go to Q. 12 (p. 9) 2

or referral to a specialist Don't know/Not sure Go to Q. 12 (p. 9) 7

Refused Go to Q. 12 (p. 9) 9

11. About how long has it been since you had health care coverage?
(49)

Read Only if Necessary

- a. Within the past 6 months (1 to 6 months ago) 1
- b. Within the past year (6 to 12 months ago) 2
- c. Within the past 2 years (1 to 2 years ago) 3
- d. Within the past 5 years (2 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Never 8
- Refused 9

12. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?
(50)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

13. About how long has it been since you last visited a doctor for a routine checkup?
(51)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 5 years (2 to 5 years ago) 3
- d. 5 or more years ago 4
- Don't know/Not sure 7
- Never 8
- Refused 9

Section 3: Diabetes

14. Have you ever been told by a doctor that you have diabetes?
(52)

If "Yes" and female, ask "Was this only when you were pregnant?"	a. Yes	1
	b. Yes, but female told only during pregnancy	2
	c. No	3
	Don't know/Not sure	7
	Refused	9

Section 4: Exercise

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

15. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (53)

- a. Yes 1
- b. No **Go to Q. 25 (p. 14)** 2
- Don't know/Not sure **Go to Q. 25 (p. 14)** 7
- Refused **Go to Q. 25 (p. 14)** 9

16. What type of physical activity or exercise did you spend the most time doing during the past month? (54-55)

Activity (specify): _____ **See coding list A** — —

Refused **Go to Q. 20 (p. 12)** 9 9

Ask Q. 17 only if answer to Q. 16 is running, jogging, walking, or swimming. All others, go to Q. 18.

17. How far did you usually walk/run/jog/swim? (56-58)

See coding list B if response is not in miles and tenths Miles and tenths — — . —
 Don't know/Not sure 7 7 7
 Refused 9 9 9

18. How many times per week or per month did you take part in this activity during the past month? (59-61)

- a. Times per week 1 — —
- b. Times per month 2 — —
- Don't know/Not sure 7 7 7
- Refused 9 9 9

19. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (62-64)

Hours and minutes	___	:	___	___
Don't know/Not sure	7	7	7	
Refused	9	9	9	

20. Was there another physical activity or exercise that you participated in during the last month? (65)

a. Yes	1
b. No Go to Q. 25 (p. 14)	2
Don't know/Not sure Go to Q. 25 (p. 14)	7
Refused Go to Q. 25 (p. 14)	9

21. What other type of physical activity gave you the next most exercise during the past month? (66-67)

Activity (specify): _____	___	___
See coding list A		
Refused Go to Q. 25 (p. 14)	9	9

Ask Q. 22 only if answer to Q. 21 is running, jogging, walking, or swimming. All others go to Q. 23 (p. 13).

22. How far did you usually walk/run/jog/swim? (68-70)

See coding list B if response is not in miles and tenths	Miles and tenths	___	___	___
	Don't know/Not sure	7	7	7
	Refused	9	9	9

23. How many times per week or per month did you take part in this activity? (71-73)

a. Times per week	1	—	—
b. Times per month	2	—	—
Don't know/Not sure	7	7	7
Refused	9	9	9

24. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (74-76)

Hours and minutes	—	:	—	—
Don't know/Not sure	7	7	7	
Refused	9	9	9	

Section 5: Tobacco Use

25. Have you smoked at least 100 cigarettes in your entire life?
(77)

**5 packs
= 100
ciga-
rettes**

- a. Yes 1
- b. No **Go to Section 6: Nutrition (p. 16)** 2
- Don't know/Not sure **Go to Section 6: Nutrition (p. 16)** 7
- Refused **Go to Section 6: Nutrition (p. 16)** 9

26. Do you now smoke cigarettes everyday, some days, or not at all?
(78)

- a. Everyday 1
- b. Some days **Go to Q. 27a** 2
- c. Not at all **Go to Q. 29 (p. 15)** 3
- Refused **Go to Section 6: Nutrition (p. 16)** 9

27. On the average, about how many cigarettes a day do you now smoke?
(79-80)

**1 pack
= 20
ciga-
rettes**

- Number of cigarettes **Go to Q. 28 (p. 15)** — —
- Don't know/Not sure **Go to Q. 28 (p. 15)** 7 7
- Refused **Go to Q. 28 (p. 15)** 9 9

27a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?
(81-82)

**1 pack
= 20
ciga-
rettes**

- Number of cigarettes **Go to Section 6: Nutrition (p. 16)** — —
- Don't know/Not sure **Go to Section 6: Nutrition (p. 16)** 7 7
- Refused **Go to Section 6: Nutrition (p. 16)** 9 9

28. During the past 12 months, have you quit smoking for 1 day or longer?
(83)

- a. Yes **Go to Section 6: Nutrition (p. 16)** 1
- b. No **Go to Section 6: Nutrition (p. 16)** 2
- Don't know/Not sure **Go to Section 6: Nutrition (p. 16)** 7
- Refused **Go to Section 6: Nutrition (p. 16)** 9

29. About how long has it been since you last smoked cigarettes regularly,
that is, daily? (84-85)

Read Only if Necessary

- a. Within the past month (0 to 1 month ago) 0 1
- b. Within the past 3 months (1 to 3 months ago) 0 2
- c. Within the past 6 months (3 to 6 months ago) 0 3
- d. Within the past year (6 to 12 months ago) 0 4
- e. Within the past 5 years (1 to 5 years ago) 0 5
- f. Within the past 15 years (5 to 15 years ago) 0 6
- g. 15 or more years ago 0 7
- Don't know/Not sure 7 7
- Never smoked regularly 8 8
- Refused 9 9

Section 6: Nutrition

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

30. How often do you drink fruit juices such as orange, grapefruit, or tomato? (86-88)

- a. Per day 1 _ _
- b. Per week 2 _ _
- c. Per month 3 _ _
- d. Per year 4 _ _
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

31. Not counting juice, how often do you eat fruit? (89-91)

- a. Per day 1 _ _
- b. Per week 2 _ _
- c. Per month 3 _ _
- d. Per year 4 _ _
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

32. How often do you eat green salad?	(92-94)
a. Per day	1 ___ _
b. Per week	2 ___ _
c. Per month	3 ___ _
d. Per year	4 ___ _
e. Never	5 5 5
Don't know/Not sure	7 7 7
Refused	9 9 9

33. How often do you eat potatoes not including french fries, fried potatoes, or potato chips?	(95-97)
a. Per day	1 ___ _
b. Per week	2 ___ _
c. Per month	3 ___ _
d. Per year	4 ___ _
e. Never	5 5 5
Don't know/Not sure	7 7 7
Refused	9 9 9

34. How often do you eat carrots?	(98-100)
a. Per day	1 ___ _
b. Per week	2 ___ _
c. Per month	3 ___ _
d. Per year	4 ___ _
e. Never	5 5 5
Don't know/Not sure	7 7 7
Refused	9 9 9

35. Not counting carrots, potatoes, or salad, how many servings of
 vegetables do you usually eat? (101-103)

Example:	a. Per day	1	—	—
A serving of	b. Per week	2	—	—
vegetables at	c. Per month	3	—	—
both lunch	d. Per year	4	—	—
and dinner				
would be two	e. Never	5	5	5
servings	Don't know/Not sure	7	7	7
	Refused	9	9	9

Section 7: Weight Control

36. Are you now trying to lose weight?	(104)
a. Yes Go to Q. 38	1
b. No	2
Don't know/Not sure	7
Refused	9
37. Are you now trying to maintain your current weight, that is to keep from gaining weight?	(105)
a. Yes	1
b. No Go to Q. 40 (p. 20)	2
Don't know/Not sure Go to Q. 40 (p. 20)	7
Refused Go to Q. 40 (p. 20)	9
38. Are you eating either fewer calories or less fat to... lose weight? [if "Yes" on Q. 36] keep from gaining weight? [if "Yes" on Q. 37]	(106)
Probe for which a. Yes, fewer calories	1
b. Yes, less fat	2
c. Yes, fewer calories and less fat	3
d. No	4
Don't know/Not sure	7
Refused	9

39. Are you using physical activity or exercise to...		
lose weight? [if "Yes" on Q. 36]		
keep from gaining weight? [if "Yes" on Q. 37]		(107)
a. Yes		1
b. No		2
Don't know/Not sure		7
Refused		9
40. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight?		(108)
Probe for which a. Yes, lose weight		1
b. Yes, gain weight		2
c. Yes, maintain current weight		3
d. No		4
Don't know/Not sure		7
Refused		9

Section 8: Demographics

41. What is your age?	(109-110)
Code age in years	— —
Don't know/Not sure	0 7
Refused	0 9
42. What is your race?	(111)
Would you say: Please Read	
a. White	1
b. Black	2
c. Asian, Pacific Islander	3
d. American Indian, Alaska Native	4
or	
e. Other: (specify) _____	5
Do not	Don't know/Not
sure 7	
read these	
responses	Refused 9
43. Are you of Spanish or Hispanic origin?	(112)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

44. Are you: (113)

Please Read

- a. Married 1
- b. Divorced 2
- c. Widowed 3
- d. Separated 4
- e. Never been married 5
- or
- f. A member of an unmarried couple 6
- Refused 9

45. How many children live in your household who are...

Please Read

- Code 1-9** a. less than 5 years old? ___ (114)
- 7 = 7 or more**
- 8 = None** b. 5 through 12 years old? ___ (115)
- 9 = Refused** c. 13 through 17 years old? ___ (116)

46. What is the highest grade or year of school you completed? (117)

Read Only if Necessary

- a. Never attended school or only attended kindergarten 1
- b. Grades 1 through 8 (Elementary) 2
- c. Grades 9 through 11 (Some high school) 3
- d. Grade 12 or GED (High school graduate) 4
- e. College 1 year to 3 years (Some college or technical school) 5
- f. College 4 years or more (College graduate) 6
- Refused 9

47. Are you currently: (118)

Please Read

- a. Employed for wages 1
- b. Self-employed 2
- c. Out of work for more than 1 year 3
- d. Out of work for less than 1 year 4
- e. Homemaker 5
- f. Student 6
- g. Retired 7
- or
- h. Unable to work 8
- Refused 9

48. Is your annual household income from all sources: (119-120)

Read as Appropriate

- a. Less than \$25,000 **If "no," ask e; if "yes," ask b**
(\$20,000 to less than \$25,000) 0 4
- If res-**
pondent
refuses
at any
income
level,
code
refused
b. Less than \$20,000 **If "no," code a; if "yes," ask c**
(\$15,000 to less than \$20,000) 0 3
- c. Less than \$15,000 **If "no," code b; if "yes," ask d**
(\$10,000 to less than \$15,000) 0 2
- d. Less than \$10,000 **If "no," code c** 0 1
- e. Less than \$35,000 **If "no," ask f**
(\$25,000 to less than \$35,000) 0 5
- f. Less than \$50,000 **If "no," ask g**
(\$35,000 to less than \$50,000) 0 6
- g. Less than \$75,000 **If "no," code h**
(\$50,000 to \$75,000) 0 7
- h. \$75,000 or more 0 8
- Do not** Don't know/Not sure 7 7
read these
responses Refused 9 9

49. About how much do you weigh without shoes? (121-123)

Round fractions up	Weight	<u> </u> <u> </u> <u> </u>
		pounds
	Don't know/Not sure	7 7 7
	Refused	9 9 9

50. How much would you like to weigh? (124-126)

Round fractions up	Weight	<u> </u> <u> </u> <u> </u>
		pounds
	Don't know/Not sure	7 7 7
	Refused	9 9 9

51. About how tall are you without shoes? (127-129)

Round fractions down	Height	<u> </u> / <u> </u> <u> </u>
		ft/inches
	Don't know/Not sure	7 7 7
	Refused	9 9 9

52. What county do you live in? (130-132)

FIPS county code	<u> </u> <u> </u> <u> </u>
Don't know/not sure	7 7 7
Refused	9 9 9

53. Do you have more than one telephone number in your household?
(133)

a. Yes	1
b. No Go to Q. 55 (p. 25)	2
Refused Go to Q. 55 (p. 25)	9

54. How many residential telephone numbers do you have? (134)

Total telephone numbers **[8=8 or more]** —

Refused 9

55. Indicate sex of respondent. **Ask Only if Necessary** (135)

Male **Go to Section 10: HIV/AIDS (p. 30)** 1

Female 2

Now I have some questions about other health services you may have received.

Section 9: Women's Health

56. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (136)
- a. Yes 1
 - b. No **Go to Q. 59 (p. 27)** 2
 - Don't know/Not sure **Go to Q. 59 (p. 27)** 7
 - Refused **Go to Q. 59 (p. 27)** 9
57. How long has it been since you had your last mammogram? (137)
- Read only if Necessary**
- a. Within the past year (1 to 12 months ago) 1
 - b. Within the past 2 years (1 to 2 years ago) 2
 - c. Within the past 3 years (2 to 3 years ago) 3
 - d. Within the past 5 years (3 to 5 years ago) 4
 - e. 5 or more years ago 5
 - Don't know/Not sure 7
 - Refused 9
58. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (138)
- a. Routine checkup 1
 - b. Breast problem other than cancer 2
 - c. Had breast cancer 3
 - Don't know/Not sure 7
 - Refused 9

59. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (139)

- a. Yes 1
- b. No **Go to Q. 62 (p. 28)** 2
- Don't know/Not sure **Go to Q. 62 (p. 28)** 7
- Refused **Go to Q. 62 (p. 28)** 9

60. How long has it been since your last breast exam? (140)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

61. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (141)

- a. Routine Checkup 1
- b. Breast problem other than cancer 2
- c. Had breast cancer 3
- Don't know/Not sure 7
- Refused 9

62. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (142)

- a. Yes 1
- b. No **Go to Q. 65 (p. 29)** 2
- Don't know/Not sure **Go to Q. 65 (p. 29)** 7
- Refused **Go to Q. 65 (p. 29)** 9

63. How long has it been since you had your last Pap smear? (143)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

64. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (144)
- a. Routine exam 1
 - b. Check current or previous problem 2
 - Other 3
 - Don't know/Not sure 7
 - Refused 9

65. Have you had a hysterectomy? (145)

- a. Yes **Go to Section 10: HIV/AIDS (p. 30)** 1
- A hysterectomy is an operation to remove the uterus (womb)** b. No 2
- Don't know/Not sure 7
- Refused 9

If respondent 45 years old or older, go to Section 10: HIV/AIDS (p. 30).

66. To your knowledge, are you now pregnant? (146)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

Section 10: HIV/AIDS

If respondent is 65 years old or older, go to Closing Statement.

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

67. If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS? (147-148)

Code 01 thru 12	a. Grade	—	—
	b. Kindergarten	5	5
	c. Never	8	8
	Don't know/Not sure	7	7
	Refused	9	9

68. If you had a teenager who was sexually active, would you encourage him or her to use a condom? (149)

a. Yes	1
b. No	2
Would give other advice	3
Don't know/Not sure	7
Refused	9

69. What are your chances of getting infected with HIV, the virus that causes AIDS? (150)

Would you say: **Please Read**

- a. High 1
- b. Medium 2
- c. Low 3
- d. None 4

Not applicable **Go to Q. 71 (p. 32)** 5

Do not read these responses

Don't know/Not sure 7

Refused 9

70. Have you ever had your blood tested for HIV? (151)

a. Yes **Go to Q. 71 (p. 32)** 1

b. No 2

Don't know/Not sure 7

Refused 9

71a. Have you donated blood since March 1985? (152)

a. Yes 1

b. No **Go to Q. 76 (p. 34)** 2

Don't know/Not sure **Go to Q. 76 (p. 34)** 7

Refused **Go to Q. 76 (p. 34)** 9

72a. When did you last donate blood? (153-156)

Code month and year **Go to Q. 76 (p. 34)** /
 Don't know/Not sure **Go to Q. 76 (p. 34)** 7 7 / 7 7

Refused **Go to Q. 76 (p. 34)** 9 9 9 9

73. Where did you have your last blood test for HIV?

(163-164)

Facility Code

— —

Read only if necessary

a. Private doctor, HMO	0 1
b. Blood bank, plasma center, Red Cross	0 2
c. Health department	0 3
d. AIDS clinic, counseling, testing site	0 4
e. Hospital, emergency room, outpatient clinic	0 5
f. Family planning clinic	0 6
g. Prenatal clinic	0 7
h. Tuberculosis clinic	0 8
i. STD clinic	0 9
j. Community health clinic	1 0
k. Clinic run by employer	1 1
l. Insurance company clinic	1 2
m. Other public clinic	1 3
n. Drug treatment facility	1 4
o. Military induction or military service site	1 5
p. Immigration site	1 6
q. At home, home visit by nurse or health worker	1 7
r. At home using self-sampling kit	1 8
s. In jail or prison	1 9
t. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

74. Did you receive the results of your last test? (165)

a. Yes 1

b. No **Go to Q. 76** 2

Don't know/Not sure **Go to Q. 76** 7

Refused **Go to Q. 76** 9

75. Did you receive counseling or talk with a health care professional about the results of your test? (166)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

76. Some people use condoms to keep from getting infected with HIV through sexual activity. How effective do you think a properly used condom is for this purpose? (167)

Would you say: **Please read**

a. Very effective 1

b. Somewhat effective 2
or

c. Not at all effective 3

Don't know how effective 4

Do not read these responses Don't know method 5

Refused 9

These next few questions are about your personal sexual behavior, and I want to remind you that your answers are confidential.

77. Due to what you know about HIV, have you changed your sexual behavior in the last 12 months? (168)

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Closing Statement | 2 |
| Don't know/Not sure Go to Closing Statement | 7 |
| Refused Go to Closing Statement | 9 |

78. Have you:

Please Read	<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Ref</u>	
a. Had sexual intercourse with only one partner?	1	2	7	9	(169)
b. Used condoms for protection?	1	2	7	9	(170)
c. Been more careful in selecting sexual partners?	1	2	7	9	(171)

Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

OR

Transition to Modules and/or State-added Questions

Finally, I have just a few questions left about some other health topics.

Module 1: Diabetes

1. How old were you when you were told you have diabetes?	(172-173)
Code age in years [76=76 and older]	— —
Don't know/Not sure	7 7
Refused	9 9
2. Are you now taking insulin?	(174)
a. Yes	1
b. No Go to Q. 4	2
Refused Go to Q. 4	9
3. Currently, about how often do you use insulin?	(175-177)
a. Times per day	1 — —
b. Times per week	2 — —
c. Use insulin pump	3 3 3
Don't know/Not sure	7 7 7
Refused	9 9 9

4. About how often do you check your blood for glucose or sugar?
Include times when checked by a family member or friend, but do
not include times when checked by a health professional. (178-180)
- | | | | |
|---------------------|---|---|---|
| a. Times per day | 1 | — | — |
| b. Times per week | 2 | — | — |
| c. Times per month | 3 | — | — |
| d. Times per year | 4 | — | — |
| e. Never | 8 | 8 | 8 |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused | 9 | 9 | 9 |
5. Have you ever heard of glycosylated hemoglobin [gli-KOS-ilated HE-
mo-glo-bin] or hemoglobin "A one C"? (181)
- | | | | |
|---------------------|---|--|--|
| a. Yes | 1 | | |
| b. No | 2 | | |
| Don't know/Not sure | 7 | | |
| Refused | 9 | | |
6. About how many times in the last year have you seen a doctor,
nurse, or other health professional for your diabetes? (182-183)
- | | | | |
|---------------------------------------|---|---|--|
| a. Number of times | — | — | |
| b. None Go to Q. 9 | 8 | 8 | |
| Don't know/Not sure Go to Q. 9 | 7 | 7 | |
| Refused Go to Q. 9 | 9 | 9 | |

If "No," "Dk/Ns," or "Refused" to Q. 5, go to Q. 8.

7. About how many times in the last year has a doctor, nurse, or other health professional checked you for glycosylated hemoglobin or hemoglobin "A one C"?
- | | |
|---------------------|-----------|
| | (184-185) |
| a. Number of times | — — |
| b. None | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |
8. About how many times in the last year has a health professional checked your feet for any sores or irritations?
- | | |
|---------------------|-----------|
| | (186-187) |
| a. Number of times | — — |
| b. None | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |
9. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.
- | | |
|--|-------|
| | (188) |
|--|-------|

Read Only if Necessary

- | | |
|---|---|
| a. Within the past month (0 to 1 month ago) | 1 |
| b. Within the past year (1 to 12 months ago) | 2 |
| c. Within the past 2 years (1 to 2 years ago) | 3 |
| d. 2 or more years ago | 4 |
| e. Never | 8 |
| Don't know/Not sure | 7 |
| Refused | 9 |

I would now like to ask you three questions about how well you see with your glasses or contacts on if you use them.

10. How much of the time does your vision limit you in recognizing people or objects across the street? (189)

Would you say: **Please Read**

- | | |
|-----------------------------|---|
| a. All of the time | 1 |
| b. Most of the time | 2 |
| c. Some of the time | 3 |
| d. A little bit of the time | 4 |
| or | |
| e. None of the time | 5 |

Do not	Don't know/Not sure	7
read these		
responses		Refused

9

11. How much of the time does your vision limit you in reading print in a newspaper, magazine, recipe, menu, or numbers on the telephone? (190)

Would you say: **Please Read**

- | | |
|-----------------------------|---|
| a. All of the time | 1 |
| b. Most of the time | 2 |
| c. Some of the time | 3 |
| d. A little bit of the time | 4 |
| or | |
| e. None of the time | 5 |

Do not	Don't know/Not sure	7
read these		
responses		Refused

9

12. How much of the time does your vision limit you in watching television? (191)

Would you say: **Please Read**

- | | | |
|----|--------------------------|---|
| a. | All of the time | 1 |
| b. | Most of the time | 2 |
| c. | Some of the time | 3 |
| d. | A little bit of the time | 4 |
| | or | |
| e. | None of the time | 5 |

Do not	Don't know/Not sure	7
---------------	---------------------	---

**read these
responses**

Refused

9

Module 4: Smokeless Tobacco Use

1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (325)

**Probe for
chewing
tobacco,
snuff,
or both**

- a. Yes, chewing tobacco 1
- b. Yes, snuff 2
- c. Yes, both 3
- d. No, neither *Go to Closing Statement* 4
- Don't know/Not sure *Go to Closing Statement* 7
- Refused *Go to Closing Statement* 9

2. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff? (326)

**"Yes"
includes
occa-
sional
use**

- a. Yes, chewing tobacco 1
- b. Yes, snuff 2
- c. Yes, both 3
- d. No, neither 4
- Don't know/Not sure 7
- Refused 9

Module 10: Hypertension Awareness

- 1. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional? (52)

Read Only if Necessary

- a. Within the past 6 months (1 to 6 months ago) 1
- b. Within the past year (6 to 12 months ago) 2
- c. Within the past 2 years (1 to 2 years ago) 3
- d. Within the past 5 years (2 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Never *Go to next Module* 8
- Refused 9

- 2. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (53)

- a. Yes 1
- b. No *Go to Next Module* 2
- Don't know/Not sure *Go to Next Module* 7
- Refused *Go to Next Module* 9

- 3. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once? (54)

- a. More than once 1
- b. Only once 2
- Don't know/Not sure 7
- Refused 9

Module 11: Cholesterol Awareness

1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?

- 1 Yes
- 2 No **Go to Next Module**
- 7 Don't know/Not sure **Go to Next Module**
- 9 Refused **Go to Next Module**

2. About how long has it been since you last had your blood cholesterol checked?

Read Only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

3. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Module 13: Immunization

1. During the past 12 months have you had a flu shot?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

2. Have you ever had a pneumonia vaccination?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

State Added: Dietary Fat

The next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one; for example, twice a week, thrice a month, and so forth. Remember I am only interested in the foods you eat. Include all the foods you eat, both at home and away from home.

1.How often do you eat hot dogs or lunchmeats such as ham or other cold cuts?

Per day..... 1 __
Per Week.....2 __
Per Month.....3 __
Per Year.....4 __
Never.....5 5 5
Don't know/Not sure.....7 7 7
Refused.....9 9 9

2.How often do you eat bacon or sausage?

Per day..... 1 __
Per Week.....2 __
Per Month.....3 __
Per Year.....4 __
Never.....5 5 5
Don't know/Not sure.....7 7 7
Refused.....9 9 9

3.How often do you eat pork other than ham, bacon or sausage?

Per day..... 1 __
Per Week.....2 __
Per Month.....3 __
Per Year.....4 __
Never.....5 5 5
Don't know/Not sure.....7 7 7
Refused.....9 9 9

4.How often do you eat hamburgers, cheeseburgers or meatloaf?

Per day..... 1 __
Per Week.....2 __
Per Month.....3 __
Per Year.....4 __
Never.....5 5 5
Don't know/Not sure.....7 7 7
Refused.....9 9 9

5.How often do you eat beef other than hamburger, cheeseburger or meatloaf?

Per day.....	1	--
Per Week.....	2	--
Per Month.....	3	--
Per Year.....	4	--
Never.....	5	5 5
Don't know/Not sure.....	7	7 7
Refused.....	9	9 9

6.How often do you eat fried chicken?

Per day.....	1	--
Per Week.....	2	--
Per Month.....	3	--
Per Year.....	4	--
Never.....	5	5 5
Don't know/Not sure.....	7	7 7
Refused.....	9	9 9

7.How often do you eat French fries or fried potatoes?

Per day.....	1	--
Per Week.....	2	--
Per Month.....	3	--
Per Year.....	4	--
Never.....	5	5 5
Don't know/Not sure.....	7	7 7
Refused.....	9	9 9

8.Hw often do you eat cheese or cheese spreads not including cottage cheese?

Interviewers: Include cheese used as an ingredient, eg on pizza

Per day.....	1	--
Per Week.....	2	--
Per Month.....	3	--
Per Year.....	4	--
Never.....	5	5 5
Don't know/Not sure.....	7	7 7
Refused.....	9	9 9

9.How often do you eat doughnuts, cookies, cake pastry or pies?

Per day.....	1	--
Per Week.....	2	--
Per Month.....	3	--

Per Year.....4 _ _
 Never.....5 5 5
 Don't know/Not sure.....7 7 7
 Refused.....9 9 9

10.How often do you usually eat snacks, such as chips or popcorn?

Per day..... 1 _ _
 Per Week.....2 _ _
 Per Month.....3 _ _
 Per Year.....4 _ _
 Never.....5 5 5
 Don't know/Not sure.....7 7 7
 Refused.....9 9 9

11.How often do you add butter or margarine to bread rolls or vegetables?

Per day..... 1 _ _
 Per Week.....2 _ _
 Per Month.....3 _ _
 Per Year.....4 _ _
 Never.....5 5 5
 Don't know/Not sure.....7 7 7
 Refused.....9 9 9

12.How many eggs do you usually eat?

Per day..... 1 _ _
 Per Week.....2 _ _
 Per Month.....3 _ _
 Per Year.....4 _ _
 Never.....5 5 5
 Don't know/Not sure.....7 7 7
 Refused.....9 9 9

13.How many glasses (8oz) of milk do you usually drink? Remember to include drinks made with whole milk or milk on cereal. Do not include low fat milk, such as skim milk or 2% milk.

Per day..... 1 _ _
 Per Week.....2 _ _
 Per Month.....3 _ _
 Per Year.....4 _ _
 Never.....5 5 5
 Don't know/Not sure.....7 7 7
 Refused.....9 9 9

Section B: Ages 65 or older

1. Because of any impairment or health problem, do you need someone to help with your PERSONAL CARE needs, such as eating, bathing, dressing or getting around the house?

- 1 Yes
- 2 No-Skip to Q.8
- 7 Don't know/Not Sure-Skip to Q.8
- 9 Refused-Skip to Q.8

2. Who usually helps you with your personal care needs, such as eating, bathing, dressing, or getting around the house?

INTERVIEWER: READ ONLY IF NECESSARY

- 11 Husband/Wife/partner
- 12 Son/Son-in-law/Daughter/Daughter-in-law
- 13 Parent
- 14 Other relative
- 15 Unpaid volunteer
- 16 Paid employee or home health service
- 17 Friend or Neighbor
- 18 Combination of family and/or friends and/or paid help
- 19 Other

- 77 Don't know/Not Sure
- 88 No one helps me
- 99 Refused

3. Because of any impairment or health problem, do you need someone to help in handling your ROUTINE needs, such as everyday household chores, shopping or getting around for other purposes?

- 1 Yes
- 2 No
- 7 Don't know/Not Sure
- 9 Refused